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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Email completed form to:asm\_crm@email.arizona.edu*** | | | | | | | | ***Email subject line: Burial Discovery Agreement Application*** | | | | |
| **ASM use only** | | | | | | | | | | | | |
|  | BDA No. | | | |  | |  | | | Approved by: | |  |
|  | ASM Accession No. | | | |  | |  | | | Date: | |  |
|  | Permit No. | | | |  | |  | | |  | |  |
|  | | | | | | | | | | | | |
| **Section 1.** **Applicant Information** | | | | | | | | | | | | |
|  | a. ASM Job No.: | | | |  | | | | | | | |
|  | b. Date: | | | |  | | | | | | | |
|  | c. Institution: | | | |  | | | | | | | |
|  | d. Address: | | | |  | | | | | | | |
|  | e. City, state, zip code: | | | |  | | | | | | | |
|  | f. Contact name: | | | |  | | | | | | | |
|  | g. Contact phone: | | | |  | | | | | | | |
|  | h. Contact email: | | | |  | | | | | | | |
|  | | | | | | | | | | | | |
| **Section 2. Project Information** | | | | | | | | | | | | |
|  | a. Project Name: | | | |  | | | | | | | |
|  | b. Project No.: | | | |  | | | | | | | |
|  | c. Project Director: | | | |  | | | | | | | |
|  | d. Project Director phone: | | | |  | | | | | | | |
|  | e. Project Director email: | | | |  | | | | | | | |
|  | f. Project Sponsor: | | | |  | | | | | | | |
|  | g. Expected dates: | | | |  | | | | | | | |
|  | | | | | | | | | | | | |
| **Section 3. Type of Burial Discovery Agreement (please review Application Instructions for guidance)** | | | | | | | | | | | | |
|  | a. | | Standard | | | | | | | | | |
|  |  | | Project-Specific | | | | | | | | | |
|  |  | | General *(specify below)*: | | | | | | | | | |
|  |  | |  | Court Street Cemetery | | |  | |  | | | |
|  |  | |  | Kingman Pioneer Cemetery | | |  | |  | | | |
|  |  | |  |  | | |  | |  | | | |
|  | | | | | | | | | | | | |
| **Section 4. Project Description** | | | | | | | | | | | | |
|  | a. Landowner(s) | | | | State | Private | | | | | | |
|  |  | *Specifically identify landowner(s):* | | | |  | | | | | | |
|  | b. Type of Investigation: | | | | Monitoring | | Testing | | | | Excavation | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | c. ASM site(s) to be investigated. Specifically identify Landowner and/or Agency (e.g., ASLD, Private, BLM) | | | | | | | |
|  | ***ASM Site Number*** | | ***Expected Archaeological Tradition*** | | | ***Landowner and/or Agency*** | | |
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| **Section 5. Location of Investigation** | | | | | | | | |
|  | a. Use the table below to list the Baseline and Meridian, Township, Range, Section, and 7.5’ USGS Map Name. | | | | | | | |
|  | ***Baseline and Meridian*** | | ***Township (N/S)*** | ***Range (E/W)*** | | ***Section*** | | ***7.5’ USGS Map Name*** |
|  |  | |  |  | |  | |  |
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| **Section 6. Signature** | | | | | | | | |
| ***Upon approval and issuance of a burial agreement, the applicant agrees to abide by , as applicable, the Arizona Antiquities Act, A.R.S. §15-1631 and §41-841 et seq., and all implementing rules in Arizona Board of Regents Policies 8-201 through 8-207; and A.R.S. §41-865 and §41-844 and implementing rules in Arizona Board of Regents Policies 8-101 through 8-110.*** | | | | | | | | |
| Signed: | |  | | | Printed Name: | |  | |
| Position: | |  | | | Date: | |  | |
|  | | | | | | | | |
| **Section 7. Please Note:** | | | | | | | | |
| 1. All services offered by the ASM must be requested through the ASM Request Quote for Services website: https://asmquoterequest.oasis-prod.arizona.edu/ASM/quoterequest/ 2. Section 1a: ASM Job No. refers to the tracking number given at the time the quote is requested from the ASM Request Quote for Services website. 3. Section 1c: Institution refers to the company, agency, or institution conducting work. 4. Please include with this application form a USGS map at 1:24,000 scale, neither enlarged nor reduced, of the project area(s) and site(s) to be investigated. 5. If the proposed work is being conducted under a general plan, please also submit a *Repatriation Office General Work Plan Addendum* form. 6. If the proposed work is being conducted solely on private property, please also submit a *Repatriation Office Private Land Addendum* form. 7. If this application is associated with a project-specific treatment plan, please include a digital copy of the treatment plan with this application. | | | | | | | | |
| **Section 7. Please Note, cont.** | | | | | | | | |
| 1. If the project is located solely on private land and will not be registered at ASM, a *Request an ASM Accession Number* form must also be submitted per the instructions provided on the form. ASM sites will not be officially updated with ASM for projects located entirely on private land without a project registration. 2. Burial Discovery Agreement applications will not be processed until all application materials are received. 3. Burial Discovery Agreement applications and supporting documentation may be submitted digitally. However, the original, signed application and a hard copy of the final, ASM-approved treatment plan, if applicable, must be mailed within 30 days of BDA issuance.    * Submit a completed digital application using the following instructions:      + Email completed form to: **asm\_crm@email.arizona.edu**      + Use this subject heading when submitting the completed form via email: **Burial Discovery Agreement Application**    * Submit the original, signed BDA application and a hard copy of the final, ASM-approved treatment plan, if applicable, to:  Repatriation Office Arizona State Museum  The University of Arizona  1013 E. University Blvd.  Tucson, AZ 85721-0026 | | | | | | | | |